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Good afternoon Senator Handley, Representative Sayers, and members of the Public Health Committee. My name is Carrie Simon. Three years ago I contracted a hospital acquired MRSA infection after successful cardiac valve surgery. To fight the MRSA, I had to undergo 5 additional open chest surgeries, 9 weeks of hospitalization and many more weeks of IV Vancomycin. In addition, my health insurance provider paid over half a million dollars to the hospital. Although I have recovered physically, the emotional pain remains for my family, my friends and myself. Everybody faces challenges in their lives. Based on my medical history, I am sure that I will require more hospitalization. The next time I am admitted, I should not have to fear acquiring an infection that might this time prove fatal.

Ironically, I was screened for MRSA just before my surgery, but it wasn't until after my operation, that the results came back that I had MRSA colonization. At that time precautions were put in place, but not strictly enforced. By then it was too late. Not only did I get a deep wound MRSA infection, it is also likely that healthcare workers unwittingly carried MRSA bacteria to other places in the hospital.

The Joint Commission, which accredits hospitals, recommends the following: compliance with hand hygiene practices, contact precautions for patients with colonized or active MRSA infections, effective cleaning and disinfecting of equipment and the environment, implementation of a MRSA surveillance program to identify and track patients, and the implementation of an alert system that identifies MRSA positive patients quickly. The CDC strongly recommends surveillance of hospital-acquired infections in its publication: *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007.*

Senate Bill 579 does not address these recommendations as it now stands. For 33 years, reported data has shown a dramatic increase in antibiotic resistant infections. Obviously, hospital plans to deal with MRSA infections have been sorely inadequate. It is now time

for legislators to force hospitals to clean up. I am asking you to change SB579 to require every Connecticut hospital to screen at risk patients, so that effective contact precautions can be implemented speedily. Fortunately we now have laboratory tests for MRSA that have results in less than 2 hours. With required reporting of this data, the Department of Health can keep track of hospital progress and the general public would have important information to consider when making healthcare decisions. If you choose not to, the chances are greater that someone you know or love will become infected in the hospital.

Thank you very much.

"People should be compensated when it is not their fault

Carrie Simon

I have a story that I would like to share with you.

In January of 2005, I was admitted to a major teaching hospital in the northeast for heart valve replacement and repair surgery. The surgery was successful, yet a few days later I began to show the early symptoms of MRSA. Neither the nursing staff nor the resident physicians recognized the symptoms. Only after about 36 hours of unexplainable deterioration in my condition and near fatal arrhythmia did the hospital staff respond appropriately and address the infectious disease that I had contracted. As a result I needed to undergo 5 additional surgeries, and remained a hospitalized patient for over 2 months. Then, when I got home I had to undergo 6 additional weeks of IV vancomycin.

I am a veteran of numerous hospital stays and medical encounters; I am an adult survivor of childhood cancer and a breast cancer survivor as well. I know, that there is a strong possibility that I will need further hospitalizations. Only now I am fearful of the very system that I must rely on to survive.

If my family and I were apprised of the potential for hospital borne infections, the 36 hours would not have slipped by without medical intervention that complicated my recovery. If all hospitals begin taking the necessary steps to diminish the potential of such infections, not only would lives be saved, but so would millions of dollars in related medical costs.

It is outrageous when hospitals do so little. People make jokes about "dirty" hospitals. It is not funny when it happens to you and each year in CT, 21,000 to 42,000 individuals get an infection in our hospitals. Most of these are preventable. Many times it is simple hand washing. Why is this so hard for them to do?

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